

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: MESOTHELIOMA THERAPEUTIC AGENT
Attorney Docket Number:: 053466-0415
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 17
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Norihiro
Family Name:: NISHIMOTO
City of Residence:: Minoh-shi
Country of Residence:: Japan
Street of mailing address:: 4-6-9-804, Nyoidani
City of mailing address:: Minoh-shi
State or Province of mailing address:: Osaka

Country of mailing address::	Japan
Postal or Zip Code of mailing address::	5620011
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Tadamitsu
Family Name::	KISHIMOTO
City of Residence::	Tondabayashi-shi
Country of Residence::	Japan
Street of mailing address::	3-5-31, Nakanocho
City of mailing address::	Tondabayashi-shi
State or Province of mailing address::	Osaka
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	5840021
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yasuo
Family Name::	ADACHI
City of Residence::	Suita-shi
Country of Residence::	Japan
Street of mailing address::	c/o Laboratory of Immune Regulation, Graduate School of Frontier Biosciences Osaka University 1-3, Yamadaoka
City of mailing address::	Suita-shi
State or Province of mailing address::	Osaka
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	5650871
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan

Status:: Full Capacity
Given Name:: Koichi
Family Name:: TAKAYAMA
City of Residence:: Fukuoka-shi
Country of Residence:: Japan
Street of mailing address:: c/o Respiratory Clinic
Kyushu University Hospital
3-1-1, Maidashi, Higashi-ku
City of mailing address:: Fukuoka-shi
State or Province of mailing address:: Fukuoka
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 8128582

Correspondence Information

Correspondence Customer Number:: 22428
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Representative Information

Representative Customer Number::	22428	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP2004/015674	10/15/2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2003-358152	10/17/2003	Yes

Assignee Information

Assignee Name:: CHUGAI SEIYAKU KABUSHIKI KAISHA